



PARTNERSHIP APPLICATION

The following information shall be submitted for the purpose of registering the below Partner and to obtain a Certificate of Authority which empowers the collection of a five (5%) percent Lodging Fee in lieu of a Lodging Tax as set forth in Ordinance No. 694.

Name of Hotel/Motel/Resort _____

Hotel/Motel/Resort Address _____

City, State, Zip Code _____

Hotel/Motel/Resort Phone Number _____

Number of Lodging Rooms _____

Owner of Hotel/Motel/Resort _____

Owner's Address _____

City, State, Zip Code _____

Owner's Phone Number _____

If Hotel/Motel/Resort is incorporated the following information is required:

Representative's Name _____

Representative's Address _____

City, State, Zip Code _____

Representative's Phone Number _____

Person responsible for completing and submitting the required Lodging Tax documentations:

Name _____

Address _____

Phone Number _____

City

State

Zip Code